

COMMONWEALTH OF MASSACHUSETTS TELECOMMUNICATION SERVICES AUDIT CONTINGENCY TASK ORDER FORM

The quality of all performance by the Contractor under this Task Order must be timely and meet or exceed industry standards. The Contractor shall comply with all applicable Massachusetts ("State") and federal laws and regulations and perform this Task Order in accordance with the applicable Commonwealth Terms and Conditions and as follows:

(The Contractor Must Complete Only Those Sections preceded by an ">>")

>>Vendor Code:	1 ,	Document ID:
>>CONTRACTOR NAME:		DEPARTMENT NAME:
>>Contract Manager:		Contract Manager:
>>Phone:		Phone:
>>Fax:		Fax:
>>Business and Mailing Address:		Business and Mailing Address:
Compensation (Completed by Department	nent)	<u>,</u>
Contingency Contract Rate:		
Payment Type: For information Purpo (Completed by Department)	oses Only	
Payment Voucher (Cont	ingency Based)	
Start Date of This Task Order: (Completed by Department. Must not conflict with RFR or Contract.)		Termination Date of This Task Order: (Completed by Department. Must not conflict with RFR or Contract.
Brief Description of Performance:		
	plete and comply with all appl	ament certifies that this document and any attachments are licable general and special laws and regulations. OFFICE OF THE COMPTROLLER
>>X:	X:	X:
Signature	Signat	ure Signature
>>NAME:	NAME:	NAME:
>>TITLE:	TITLE:	TITLE:
>>DATE:	DATE:	DATE: